

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

PRISONER GRIEVANCE
PART ONE

PRINT NAME	INSTITUTION/MODULE	Offender #	FSO LOG #	DIO LOG #
Trevor Stefano	GCCC	506410		62213-373
INCIDENT DATE 05-10-13		TODAY'S DATE 06-02-13		
BEFORE YOU COMPLETE THIS FORM:		CIRCLE		If you said "NO" to any of these questions, the grievance may be screened and returned.
1. Is this about an incident that is other than a disciplinary action or classification decision?		Yes No		
2. Did you first talk to the appropriate person to informally solve the incident?		Yes No		
3. Did you file a Request for Interview Form (cop-out) on this incident <u>and</u> receive a response?		Yes No		
INSTRUCTIONS:				
1. Limit this grievance to <u>ONE</u> incident.				
2. Attach the completed Request for Interview Form copy <u>OR</u> describe HOW you attempted to solve it informally:				
a. WHO did you talk to? Property				
b. WHEN did you talk with him/her? mid May				
c. WHAT were you told? I can't have my lamp or pictures				
3. Attach up to two additional pages of narrative to describe the incident.				
AFFIRMATION and SIGNATURE:				
1. I affirm that this grievance is filed within 30 days of the incident or my knowledge of the incident.				
2. I affirm the following statements are true and accurate and that I may be disciplined for providing false information pursuant to 22 AAC 05.400.				
PRISONER'S SIGNATURE: T. Stefano				
Only the clamp part of my lamp was issued to me which is the piece containing my OB #. The lamp portion was not issued so when I requested it via request for interview they said I can't have it because it does not have my OB # on it but rather another prisoners #. I explained its not another prisoners # its the property tracking # from Spring Creek where I was transferred from and it should match the green sccc sticker #. Basically I was issued the portion of my lamp that contains my OB # and they retained the other half which doesn't have my OB #. Also I need my pictures so I can sort them before I disburse them. I sent a copout with Sgt Byrd verifying I can have them and it was never responded to.				
I REQUEST THE FOLLOWING RELIEF (State the outcome you are seeking):				
The rest of my lamp and my photos out of my property				
I acknowledge receipt of this grievance and have issued the log number above for reference. Please refer to assigned log number with any inquiries about this grievance.				
DATE RECEIVED: 6/16/13		STANDARDS OFFICER'S SIGNATURE: [Signature]		

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Exhibit N
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INMATE COPY

PRISONER GRIEVANCE

PART TWO

PRISONER NAME	Offender #	FSO LOG #	DIO LOG #

INVESTIGATOR'S FINDINGS AND RECOMMENDATIONS:

you were issued your lamp on 6-6-13, you have 2 photo albums in your property box. you were issued a stack of loose photos. you have no excess property, so the photos in your box is staying here, unless you want to disburse them out. Requesting Relief granted in part to prisoner being issued his lamp on 6-6-13, and Requesting Relief denied for exchanging photos, since prisoners has been given the allowed amount.


INVESTIGATION: I met with grievant on _____ at _____ hours.

INVESTIGATOR'S
SIGNATURE: 

DATE: _____

FACILITY MANAGER'S FINDINGS AND DETERMINATION:

concur w/ finding

FACILITY MANAGER'S
SIGNATURE: 

DATE: 6/11/15

PRISONER'S RESPONSE:

☐ I AM SATISFIED WITH THIS RESPONSE.
☐ I AM NOT SATISFIED WITH THIS RESPONSE,
 BUT **DO NOT** WISH TO APPEAL.
☐ AND **DO INTEND** TO APPEAL TO THE Director of Institutions OR the Medical Advisory Committee.

I UNDERSTAND THAT MY COMPLETED STATEMENT OF APPEAL FORM MUST BE SUBMITTED TO THE
 Facility Standards Officer WITHIN TWO WORKING DAYS OF THIS DATE

PRISONER'S SIGNATURE: _____

DATE: _____

FORM DELIVERED TO PRISONER
BY OFFICER _____

(PRINT NAME/SIGNATURE)

(DATE/TIME)

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Distribution: Original to Prisoner's Case/Medical File
 Facility Standards Officer
 Prisoner

Form 808.03C
 Rev. 10/06